OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AMBULATORY SURGERY DATA RECORD MANUAL ABSTRACT REPORTING FORM

Effective with encounters occurring on or after January 1, 2009

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Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements (Title 22, Sections 97251 through 97265, and 97267)

| FACILITY ID NUMBER | ABSTRACT RECORD NUMBER (Optional) |
|---|---|
| DATE OF BIRTH Month Day Year (4-digit) | SEX F Female M Male U Unknown R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown RACE R1 American Indian or Alaska Native Latino E2 Non-Hispanic or Non-Latino 99 Unknown 99 Unknown |
| ZIP CODE 99999 = <i>Unknown</i> | PATIENT'S SOCIAL SECURITY NUMBER Report 000 00 0001 if SSN is Unknown |
| SERVICE DATE Month Day Year (4-digit) | |
| ENG English ARA Arabic ARM Armenian CHI Chinese FRE French CPF French Creole GER German GRE Greek GUJ Guarathi HEB Hebrew HIN Hindi HUN Hungarian ITA Italian JPN Japanese KOR Korean | LAO Laotian HMN Miao, Hmong KHM Mon-Khmer, Cambodian NAV Navajo PER Persian POL Polish POR Portuguese RUS Russian SCR Serbo-Croatian SPA Spanish TGL Tagalog THA Thai URD Urdu VIE Vietnamese YID Yiddish 999 Unknown |

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| EXP | ECTED SOURCE OF PAYMENT | | | | | |
|--|---|---|--|--|--|--|
| 09 11 12 13 14 16 AM BL CH | Self Pay Other Non-federal programs Preferred Provider Organization (PPO) Point of Service (POS) Exclusive Provider Organization (EPO) Health Maintenance Organization (HMO) Medicare Risk Automobile Medical Blue Cross/Blue Shield CHAMPUS (TRICARE) Commercial Insurance Company | DS Disability HM Health Maintenance Organization MA Medicare Part A MB Medicare Part B MC Medicaid (Medi-Cal) OF Other Federal program TV Title V VA Veterans Affairs Plan WC Workers' Compensation Health Claim 00 Other | | | | |
| DISF | POSITION OF PATIENT | | | | | |
| 01 | Discharged to home or self care (routine discharge) | | | | | |
| 02 | Discharged/transferred to a short term general hospital for inpatient care | | | | | |
| 03 | Discharged/transferred to skilled nursing facility (SNF) with Medicare cert | ification in anticipation of covered skilled care | | | | |
| 04 05 | Discharged/transferred to an intermediate care facility (ICF) Discharged/transferred to another type of institution not defined elsewher | o in this code list | | | | |
| 06 | Discharged/transferred to home under care of organized home health set | | | | | |
| 07 | Left against medical advice or discontinued care | | | | | |
| 20 | Expired | | | | | |
| 43 | Discharged/transferred to a federal health care facility | | | | | |
| 50 51 | Discharged home with hospice care | | | | | |
| 61 | Discharged to a medical facility with hospice care Discharged/transferred to a hospital-based Medicare approved swing bed | | | | | |
| 62 | Discharged/transferred to an inpatient rehabilitation facility (IRF) including | | | | | |
| 63 | Discharged/transferred to a Medicare certified long term care hospital (LTCH) | | | | | |
| 64 | Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare | | | | | |
| 65 66 | Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital | | | | | |
| 00 | | | | | | |
| | | | | | | |
| | PRINCIPAL DIAGNOSIS ICD-9-CM CODE | | | | | |
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| | | | | | | |
| | OTHER DIAGNOSES | | | | | |
| | ICD-9-CM CODE | | | | | |
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| b. | j | | | | | |
| c. | k s. | | | | | |
| d. | l. t. | | | | | |
| e. | m u. | | | | | |
| f. | n. v. | | | | | |
| g. | 0. W. | | | | | |
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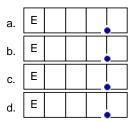
Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements (Title 22, Sections 97251 through 97265, and 97267)

PRINCIPAL EXTERNAL CAUSE OF INJURY E-CODE ICD-9-CM CODE



OTHER EXTERNAL CAUSE OF INJURY E-CODES

ICD-9-CM CODE



PRINCIPAL PROCEDURE

CPT-4 CODE

| | | - |
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OTHER PROCEDURES

CPT-4 CODE

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